



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

Mitchell E. Daniels Jr.
Governor

Thomas W. Easterly
Commissioner

March 13, 2009

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
Toll Free (800) 451-6027
www.idem.IN.gov

VIA CERTIFIED MAIL

7002 0510 0002 7965 8130

Mr. Jim Cornett, Superintendent of Public Works
Town of Cedar Lake
8550 Lake Shore Drive
Cedar Lake, IN 46303

Re: Inspection Summary
6706 West 131st Avenue
Cedar Lake, Lake County

Dear Mr. Cornett:

On February 3, 2009, a representative of the Indiana Department of Environmental Management, Northwest Regional Office, conducted an inspection of 6706 West 131st Avenue, located in Cedar Lake, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: Complaint Investigation

Results of Inspection:

- ☐ No violations were observed.
☐ Additional information/review is required to evaluate overall compliance.
☒ Potential problems were discovered or observed.

A complaint concerning the possibility of a basement backup occurring at 6706 West 131st Avenue in Cedar Lake was initiated. While the basement floor was damp, it could not be confirmed as sewage during the course of the investigation. It was noted that Cedar Lake was having mechanical difficulties with the lift station that services the line. The lift station had not reached high wet well levels at the time of the investigation, but there was no evidence of basement backups occurring due to the pump problem.

A copy of the Notice of Inspection is enclosed for your records. Please direct any response to this letter and any questions to Nicholas Ream at 219/757-0265 or by email to nream@idem.IN.gov.

Sincerely,

J. Robert Simmons
Deputy Director
Northwest Regional Office

JRS/nkr
Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

65-42 IDEM/OWQ/INSP/MN
Jim Cornett, Superintendent of Public Works
Town of Cedar Lake
8550 Lake Shore Drive
Cedar Lake, Indiana 46303

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Kathy Howard*

☐ Agent☐ Addressee**B. Received by (Printed Name)**

Kathy Howard

C. Date of Delivery**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

3. Service Type☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes**2. Article Number**

(Transfer from service label)

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NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility and Inspection Information

NPDES Permit #: NA	Facility Type Code: <input type="checkbox"/> 1 = Municipality <input type="checkbox"/> 2 = Industry/Semi-Public <input type="checkbox"/> 3 = Agricultural <input type="checkbox"/> 4 = State/Federal <input type="checkbox"/> Major <input type="checkbox"/> Minor	Classification Per Permit: NA
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This is to notify you that on 2/3/09 (month, day, year) an inspection of the specified facility was conducted by the undersigned representative of the Indiana Department of Environmental Management, Office of Water Quality.

TYPE OF INSPECTION (may include more than one):

- | | |
|---|---|
| <input type="checkbox"/> Compliance Evaluation Inspection (C) | <input checked="" type="checkbox"/> Complaint (J) |
| <input type="checkbox"/> Reconnaissance Inspection (R) | <input type="checkbox"/> Multi-media Screening Evaluation (M) |
| <input type="checkbox"/> Industrial User Inspection (I) | <input type="checkbox"/> Combined Sewer Overflow Inspection (Y) |
| <input type="checkbox"/> Sanitary Sewer Overflow Inspection (V) | <input type="checkbox"/> Compliance Sampling Inspection (S) |
| | <input type="checkbox"/> Other |

Name and Location of Facility Inspected: (number, street, city, zip code) FLORENCE RESIDENCE 6706 W 131st AVE CEDAR LAKE 37th W 46303 County: LAKE	Receiving Waters/POTW: CEDAR LAKE COLLECTION SYSTEM.	Permit Expiration Date: NA
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Name(s) of On-Site Representatives: DEBRA FLORENCE	Title(s): PROPERTY OWNER	Phone: () Fax: ()
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Certified Operator: NA	Number: NA	Class: NA	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Renewal Effective Date: NA	Expiration Date: NA	Hours per Week: NA

Name and Address of Responsible Official: (number, street, city, zip code) Jim CORNETT TOWN OF CEDAR LAKE 8550 LAKE SHORE DR. CEDAR LAKE, IN 46305	Title: SUPV. PUBLIC WORKS DEPT.	Phone: (219) 374-7478 Fax: ()
	Contacted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Facility Design Flow: NA

Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable)

<input checked="" type="checkbox"/> Receiving Waters Appearance	<input checked="" type="checkbox"/> Facility/Site	<input checked="" type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Compliance Schedules
<input checked="" type="checkbox"/> Effluent Appearance	<input checked="" type="checkbox"/> Operation	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Maintenance (i)	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Effluent Limits Violations
<input checked="" type="checkbox"/> CSO/SSO (Sewer Overflow)	<input checked="" type="checkbox"/> Sludge Disposal	<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Other:

Preliminary Inspection/Screening Findings*

*These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

SINGLE MEDIA INSPECTION:

- ☐ No violations were discovered with respect to the particular items observed during the inspection. (5)
- ☐ Violations were discovered but corrected during the inspection. (4)
- ☐ Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2)
- ☐ Violations were discovered and may subject you to an appropriate enforcement response. (1)
- ☐ Additional information/review is required to evaluate overall compliance. (6)
- ☒ Potential problems were discovered or observed. (3)

Comments Regarding Unsatisfactory Ratings - Including Rule or Permit Citation(s):

Comments Regarding Marginal Ratings - Conclusions and Recommendations:

① A COMPLAINT WAS ISSUED STATING THE FLORENCE RESIDENCE WAS HAVING A BASEMENT BACK-UP. UPON ARRIVAL, CEDAR LAKE PERSONNEL CONFIRMED ONE OF THE TWO PUMPS WAS HAVING PROBLEMS. THE LIFT STATION HAD NOT REACHED HIGH WET WELL LEVELS. THE WATER IN THE BASEMENT COULD NOT BE CONFIRMED AS SEWAGE AT THE TIME OF INVESTIGATION.

② OVERFLOW REPORTS FROM 7/1/08 TO 2/3/09 WERE INSPECTED

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

- Multi-media screening not conducted.
☒ No violations were observed during the limited multi-media screening conducted by IDEM.
☐ Potential violations were discovered but corrected during the inspection.
☐ Potential problems were discovered and may be further investigated.

Pollution Prevention

Pollution prevention is the preferred means of environmental protection in Indiana. The goal of pollution prevention is to promote changes in business and commercial operation, especially manufacturing processes, so that Indiana businesses increase productivity, generate less environmental wastes, reduce their regulatory responsibilities and become more profitable. Your participation in Indiana's pollution prevention program is entirely voluntary. If you have any pollution prevention questions, you may contact our Office of Pollution Prevention and Technical Assistance (OPPTA) at (317) 232-8172 or (800) 988-7901, or visit OPPTA's Web site at www.idem.IN.gov/oppta/p2/. Would your company like to be contacted by IDEM's Office of Pollution Prevention and Technical Assistance? ☐ Yes ☒ No

Compliance Assistance

In addition to the compliance assistance offered by IDEM's individual programs, IDEM's Compliance and Technical Assistance Program (CTAP) offers free, confidential compliance assistance to regulated entities, including small businesses and municipalities, throughout Indiana. In the future, if you would like to request free, confidential compliance assistance, call (317) 232-8172 or (800) 988-7901, or visit CTAP's Web site at <http://www.idem.IN.gov/ctap/>.

Summary and Correction Information

A summary of violations and concerns noted during the inspection was verbally communicated to the undersigned representative during the inspection. The facility should correct any violations noted as soon as possible. Violations identified and corrected during the inspection may still be cited as violations.

☐ A written inspection summary will be provided within 45 days.
 In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.

☒ Written report provided at the conclusion of the inspection.
 If upon subsequent review, any changes to this report are deemed necessary, a revised report will be sent to the subject facility within 45 days.

IDEM Representative:

Printed Name: NICHOLAS K. REAM	Signature: 	Phone Number: (219) 757-0265	Date: 2/3/09	2/3/09 Time 2/3/09 In: 8:00 4:00 Out: 10:00 5:00
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Owner/Agent Representative/Title:

Printed Name: JAMES CURNOTT	Signature: 	Title: SUP.	Phone Number: 219-374-7478	Date: 2-10-09
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For IDEM Internal Use:

Section Chief or Regional Deputy Director: 	Date: 3/7/09	For: Follow-up NPDES Permits Enforcement Other
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IDEM	INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER MANAGEMENT Complaint Investigation Report	100 NORTH SENATE AVENUE P. O. BOX 6015 INDIANAPOLIS, IN 46206-6015
General Information		
Name of Alleged Responsible Party: Cedar Lake		Date Reported: 7-8-08
Address and Directions 6706 West 131 st Avenue Cedar Lake, IN 46303		County: Lake
		Receiving Stream: Cedar Lake Collection System
Received by: <input type="checkbox"/> RRR; <input type="checkbox"/> RLP; <input type="checkbox"/> RAC; <input type="checkbox"/> Cler.; <input type="checkbox"/> Insp.; <input checked="" type="checkbox"/> Other Specify name of Inspector, Clerical or Other: Tania McDonald	Via: <input checked="" type="checkbox"/> Phone; <input type="checkbox"/> Letter; <input type="checkbox"/> Person; <input type="checkbox"/> Internet; <input type="checkbox"/> Fax; <input type="checkbox"/> Referral Referred by:	
Complainant Type: <input checked="" type="checkbox"/> Individual; <input type="checkbox"/> Anonymous; <input type="checkbox"/> Public Official		Report to Complainant?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Complainant's Name: Debra Florence		Phone Number
Address: 6706 West 131 st Avenue Cedar Lake, IN 46303		City: Cedar Lake
Nature of Complaint: <input type="checkbox"/> Water Pollution; <input type="checkbox"/> NPDES Facility Failure; <input checked="" type="checkbox"/> Basement Backup; <input type="checkbox"/> Septic Tank Ponding; <input type="checkbox"/>		
Description of Complaint: Basement backup		
Responsible party: (To be completed by Inspector) N/A		
Address/Location: N/A		City: N/A
Response		
I. First Response Date: <u>7/8/08</u> (call) <input checked="" type="checkbox"/>		
II. Investigation Date: <u>7/23/08 and 2/3/09</u>		
III. Closed Date: <u>2/3/09</u>	A. No Action Needed <input checked="" type="checkbox"/> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> 1. No Problem Observed <input checked="" type="checkbox"/> 2. NPDES Facility Corrected <input type="checkbox"/> </div>	
	B. Referred to Other Agency: _____ <input type="checkbox"/> Contact: _____ Phone Number: _____	
	C. Compliance Action <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> 1. IS/VL Letter Date: _____ <input type="checkbox"/> 2. OATS Referral Date: _____ <input type="checkbox"/> </div>	
# <u>10888</u>	D. Enforcement Referral Date: _____ <input type="checkbox"/>	
IV. Report Sent Date: <u>2/12/09</u>		

IDEM	OFFICE OF WATER MANAGEMENT Complaint Investigation Report		PAGE ____ OF ____ (Complaint: 2 OF 2)
Findings of Investigation			
Name(s) of individual(s) contacted:	Title(s):	Phone: () Fax: ()	
		Phone: () Fax: ()	
		Phone: () Fax: ()	
Nature of problem found during investigation:			
Samples taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pictures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is condition a State Water Quality Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does facility discharge wastewater without a valid NPDES permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (Permit #: _____)			
Does facility need an NPDES permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Name(s) and Signature(s) of Inspector(s):		Date: _____ Office/Telephone: _____	



MULTIMEDIA SCREENING CHECKLIST:
Air, Water, Industrial Waste, Underground Storage Tanks and
Toxic Release Inventory
State Form 50865 (R2 / 4-05)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT
Indiana Government Center-North
100 N. Senate Ave.
Indianapolis, IN 46204
Telephone: (317) 232-8603 or
Toll Free: 1-800-451-6027 (within Indiana)
<http://www.IN.gov/idem/>

Please Print Legibly or Type

SECTION 1: GENERAL INFORMATION

Facility Name: CEDAR LAKE SEWAGE TREATMENT PLANT

Facility Contact: Jim Cornett

SIC Codes for Facility (Primary and Others): 4952

Description of Major Processes: Sewage TRANSPORTATION

Inspector: Nicholas Ream

Date of Inspection: 2/3/04

SECTION 2: AIR OBSERVATIONS

☒ Observations for this section of MM screening checklist completed.

☐ This section of MM screening checklist not completed.

☐ Refer to regular single-media inspection report or inspection summary letter.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Are there any visible emissions (except steam) from any stack or vent? If YES, identify process, vent or stack, description of emissions (color, duration, constant vs. intermittent), time, and weather conditions (e.g. wind direction).
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is there any activity generating dust? If YES, identify if dust was seen crossing the property lines, identify the source of the emissions, description of emissions (color, duration, constant vs. intermittent), time, and weather conditions (e.g. wind direction).
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is there any evidence of open burning? If YES, describe if burning is/is not occurring at the time of the inspection and describe materials and amounts burned.
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are solvent container(s) closed when not in use? If NO, describe containers and location (e.g. booth number, department, etc).
5. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Are filters securely in place when spray booth(s) are in operation? If NO, describe problems with filters (e.g. no filters, sagging filters, torn, etc) and describe location or identification of the spray booth (e.g. booth number or department).

SECTION 3: WASTEWATER OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☒ Refer to regular single-media inspection report or inspection summary letter.

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	Are any industrial process wastewaters being generated at this facility? If YES, specify: Description of wastewaters:
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does any process wastewater discharge to a POTW collection system (i.e. sewer)? If YES, specify: Does the facility have a wastewater/industrial user permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the facility have a direct discharge (from industrial process, industrial wastewater treatment or non-contact cooling water) to a receiving water near the facility? If YES, specify: A) Does the facility have a NPDES Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Is the receiving water being impacted (e.g. discoloration of water/sediment/soils, foaming appearance, oily sheen, solids, floatables, odor, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO DETERMINE BECAUSE: If YES, describe the impact: <p style="text-align: center;">DOCUMENT WITH A PHOTOGRAPH.</p>
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was any indication observed that process materials such as cleaners, solvents, paints, lubricants, etc. are escaping through floor drains? If YES, specify: Description of materials:

SECTION 4: STORM WATER OBSERVATIONS

- ☒ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☒ NO

Do the facility's SIC codes require application for Rule 6 permit coverage pursuant to 327 IAC 15-6 (Storm Water Associated With Industrial Activity)?

If YES, specify:

A) Has the facility applied for Rule 6-permit coverage? ☐ YES ☐ NO

B) Has the facility prepared a Storm Water Pollution Prevention Plan pursuant to Rule 6? ☐ YES ☐ NO

Regulated Industrial Activity Categories		Regulated Industrial Activity Categories	
SIC Code*	Activity Description	SIC Code*	Activity Description
10xx	Metal mining	33xx	Primary metal industries
13xx	Oil and gas extraction	34xx	Fabricated metal products
14xx	Nonmetallic minerals, except fuels	35xx	Industrial machinery and equipment
20xx	Food and kindred products	36xx	Electronic & other electric equipment
21xx	Tobacco products	37xx	Transportation equipment
22xx	Textile mill products	38xx	Instruments and related products
23xx	Apparel and other textile products	39xx	Miscellaneous manufacturing industries
24xx	Lumber and wood products	40xx	Railroad transportation
25xx	Furniture and fixtures	41xx	Local & interurban passenger transit
26xx	Paper and allied products	42xx	Trucking and warehousing
27xx	Printing and publishing	43xx	United States Postal Service
28xx	Chemicals and allied products	44xx	Water transportation
29xx	Petroleum and coal products	45xx	Transportation by air
30xx	Rubber & miscellaneous plastic products	5015	Motor vehicle parts, used
31xx	Leather & leather products	5093	Scrap and waste materials
32xx	Stone, clay, and glass products	5541	Gasoline service stations**

*Although the actual SIC Code is a four-digit number, Rule 6 regulates the primary category group (i.e., the first two digits of the SIC Code) in many cases

**Only gasoline service stations that act as truck stops or plazas and have on-site vehicle maintenance activities are potentially regulated under Rule 6.

In addition to SIC Code designation, several narrative categories of industrial activities are also potentially regulated under Rule 6. These narrative categories include: (1) hazardous waste treatment, storage, or disposal facilities; (2) landfills, land application sites, open dumps, and transfer stations; (3) steam electric power generating facilities; (4) wastewater treatment plants with a design flow of 1,000,000 gallons per day or more that are not in an MS4 regulated by 327 IAC 15-13; and (5) agricultural chemical fertilizer and pesticide distribution facilities meeting certain storage thresholds and upon referral by the OISC.

2. ☐ YES ☒ NO

Does the facility have any ongoing or proposed land disturbing activities greater than or equal to one (1) acre?

If YES, specify:

A) Has the facility applied for Rule 5 permit coverage under 327 IAC 15-5 (Storm Water Associated With Construction Activity)? ☐ YES ☐ NO

B) Were any signs of erosion or off-site sedimentation into waters of the state from construction sites observed? ☐ YES ☐ NO

Describe the general appearance (i.e. foam, oily sheen, solids and floatable, color or odor) of any observed discharge of storm water.

3.

NONE AT TIME OF INSPECTION

DOCUMENT WITH A PHOTOGRAPH

SECTION 5: DRINKING WATER OBSERVATIONS

- ☒ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the facility's drinking water (<i>drinking water, showers, cafeteria, etc.</i>) supplied by a municipal (<i>public or private</i>) water system?</p> <p>If YES, then do not fill out rest of this section.</p> <p>A) If NO, does the facility have its own drinking water system for employees (<i>drinking water, showers, cafeteria, etc.</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B) If answer to 1.A is YES, is the source of the water supply surface water or ground water? <input type="checkbox"/> Surface <input type="checkbox"/> Ground</p> <p>C) If more than 25 employees, verified that they have a PWSID #? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<p>If the facility is a public water supply and has a PWSID #, is the well head on-site?</p> <p>A) If YES, was the well head area observed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B) If answer to 2.A is YES, was the area within a 200-foot radius of the well head free of visible contamination sources? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>C) If answer to 2.B is NO, please describe: dd</p> <p style="text-align: right;">DOCUMENT WITH A PHOTOGRAPH</p>

SECTION 6: INDUSTRIAL WASTE OBSERVATIONS

- ☒ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<p>Was evidence observed of waste being released to the environment or disposed on-site? (<i>waste piles, excavations, releases, etc.</i>)</p> <p>If YES, please indicate:</p> <p>A) Nature of evidence:</p> <p>B) Waste description:</p> <p>C) Source of the waste:</p> <p>D) Dimensions of the area:</p> <p style="text-align: right;">DOCUMENT WITH A PHOTOGRAPH</p>
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SECTION 7: UNDERGROUND STORAGE TANK OBSERVATIONS

- ☒ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<p>Are there any underground storage tanks on-site that have not been registered with IDEM and contain petroleum* or a hazardous substance?</p> <p>If YES, please indicate:</p> <p>A) How many?:</p> <p>B) List materials stored in the USTs:</p> <p style="text-align: right;">* Tanks storing fuel for heating are exempt.</p>
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SECTION 8: TOXIC RELEASE INVENTORY OBSERVATIONS

- ☒ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☒ NO **Are you currently reporting to the Toxic Release Inventory (reports due July 1)?**
Note: If answer to Question 1 is YES, then do not fill out rest of this section.
2. ☐ YES ☒ NO **If answer to Question 1 is NO, then do you have 10 or more employees including office staff?**

3. **If answer to question 2 is YES, then are you a member of any of the following Standard Industrial Classifications?**

Check if Member of SIC Group	SIC Category (2 digit)	Standard Industrial Description	Check if Member of SIC Group	SIC Category (2 digit)	Standard Industrial Description
<input type="checkbox"/>	10	Metal Mining	<input type="checkbox"/>	31	Leather and Leather Products
<input type="checkbox"/>	12	Coal Mining	<input type="checkbox"/>	32	Stone, Clay, Glass and Concrete Products
<input type="checkbox"/>	20	Food and Kindred Products	<input type="checkbox"/>	33	Primary Metal Industries
<input type="checkbox"/>	21	Tobacco Products	<input type="checkbox"/>	34	Fabricated Metal Products, except Machinery and Transportation Equipment
<input type="checkbox"/>	22	Textile Mill Products	<input type="checkbox"/>	35	Industrial and Commercial Machinery and Computer Equipment
<input type="checkbox"/>	23	Apparel and Other Finished Products made from Fabrics and Other Similar Materials	<input type="checkbox"/>	36	Electronic and Other Electrical Equipment and Components
<input type="checkbox"/>	24	Lumber and Wood Products	<input type="checkbox"/>	37	Transportation Equipment
<input type="checkbox"/>	25	Furniture and Fixtures	<input type="checkbox"/>	38	Measuring, Analyzing and Controlling Instruments; Photographic, Medical & Optical Goods; Watches, Clock
<input type="checkbox"/>	26	Paper and Allied Products	<input type="checkbox"/>	39	Miscellaneous Manufacturing Industries
<input type="checkbox"/>	27	Printing, Publishing, and Allied Products	<input type="checkbox"/>	49	Electric, Gas and Sanitary Service
<input type="checkbox"/>	28	Chemicals and Allied Products	<input type="checkbox"/>	51	Wholesale Trade-Non-durable Goods
<input type="checkbox"/>	29	Petroleum Refining and Related Industries (Coal Products)	<input type="checkbox"/>	73	Business Services
<input type="checkbox"/>	30	Rubber and Miscellaneous Plastics Products	<input type="checkbox"/>	NA	None of the Above

Note: if answer to Question 1 is NO and YES to Questions 2 and 3, please forward a copy of completed multimedia inspection form to OPPTA.

ADDITIONAL COMMENTS**RECOMMENDATIONS FOR FOLLOW-UP**